

Chapter 03 Mental Health

This chapter addresses mental illness, alcoholism, drug abuse, and developmental disabilities. These conditions result in social problems of such magnitude that mental health ranks as one of the state's priority health issues. The Mississippi Department of Mental Health (DMH), regional Community Mental Health Centers (CMHCs) and licensed private sector facilities provide most of the state's mental health services. Unless otherwise specified, information in this chapter is limited to the programs and services of private non-governmental entities.

300 Mississippi Department of Mental Health

State law designates DMH as the agency to coordinate and administer the delivery of public mental health services, alcohol/drug abuse services, and services for persons with intellectual/developmental disabilities throughout the state, as well as community-based day programs for individuals with Alzheimer's disease and other dementia. Responsibilities of DMH include: (a) state-level planning and expansion of all types of mental health, intellectual/developmental disabilities and substance abuse services, (b) standard-setting and support for community mental health and intellectual/developmental disabilities and alcohol/drug abuse programs, (c) state liaison with mental health training and educational institutions, (d) operation of the state's psychiatric facilities, and (e) operation of the state's facilities for individuals with intellectual/developmental disabilities.

Regional community mental health centers provide a major component of the state's mental health services. Fourteen centers currently operate in the state's mental health service areas, and most centers have satellite offices in other counties. Each center must meet federal and state program and performance standards. The major objectives of the regional community mental health centers include: (a) providing accessible services to all citizens with mental and emotional problems; (b) reducing the number of initial admissions to state hospitals; and (c) preventing re-admissions through supportive aftercare services. These centers are a vital element in the plan to provide an integrated system of mental health services to all residents of Mississippi.

301 Mental Health Needs in Mississippi

The prevalence of mental illness, although difficult to assess, serves as a good indicator of the volume of need for mental health services in a given population. The negative social stigma associated with the term "mental illness" also obstructs efforts to measure the true incidence/ prevalence of most types of mental illness and behavior disorders and the need for mental health services.

Using the methodology updated by the federal Center for Mental Health Services (CMHS) for estimated prevalence of serious mental illness among adults (*Federal Register*, June 24, 1999) and U.S. Bureau of the Census 2010 population estimates, DMH estimates the prevalence of serious mental illness among adults in Mississippi, ages eighteen (18) years and above, as 5.4 percent or 119,434 individuals. The same methodology estimates the national prevalence for the same age group also as 5.4 percent.

In Fiscal Year 2017, a total of 63,207 adults received mental health services through the fourteen (14) CMHCs and the state's psychiatric hospitals, including East Mississippi State Hospital's group homes and Central Mississippi Residential Center.

301.01 Mental Health Needs of Children/Adolescents

Precise data concerning the size of the country's population of children and adolescents with emotional or mental disorders remain difficult to obtain. The National Institute of Mental Health estimates the prevalence of any mental disorder nationally among adolescents, aged thirteen (13) to eighteen (18), is 49.5 percent with an estimated 22.2 percent having a severe impairment. The methodology adjusts for socio-economic differences across states. In Fiscal Year 2017, the public community mental health system served 34,795 children and adolescents with serious emotional disturbance. (Note: Totals might include some duplication across community mental health centers and other nonprofit programs).

301.02 National Survey on Drug Use and Health for Mississippi

According to the Substance Abuse and Mental Health Administration's (SAMHSA) *2015-2016 National Survey on Drug Use and Health* (most available data), 8.04 percent of Mississippians twelve (12) years or older were past month illicit drug users. Past month marijuana use among Mississippians twelve (12) years and older was four-six percent (46%). Approximately 36.94 percent of Mississippians twelve (12) years and older were past-month alcohol users. Past month binge alcohol use among Mississippians twelve (12) years and older was 19.21 percent.

301.03 Developmental Disabilities

The nationally-accepted prevalence rate estimate used by the Administration on Developmental Disabilities for estimating the state rate is 1.8 percent of the general population. By applying the 1.8 percent prevalence rate to Mississippi's 2023 population projections, the results equal 56,487 individuals who may have a developmental disability. The intellectual and/or developmental disability bed need determinations can be found in Chapter 2 of this *Plan*.

302 Adult Psychiatric Services (State-Operated and Private)

Mississippi's four state-operated hospitals and eight crisis stabilization units provide the majority of inpatient psychiatric care and services throughout the state. In FY 2017, the Mississippi State Hospital at Whitfield reported a total of 154 active psychiatric licensed beds; East Mississippi State Hospital at Meridian reported 150 psychiatric licensed beds, North Mississippi State Hospital in Tupelo reported fifty (50) licensed beds, and South Mississippi State Hospital in Purvis reported forty-five (45) licensed beds. The four facilities reported 2,904 adults received acute psychiatric services at the hospitals in FY 2017, 1,141 at the Mississippi State Hospital at Whitfield, 551 at the East Mississippi State Hospital, 619 at the North Mississippi State Hospital, and 593 at the South Mississippi State Hospital. Additionally, a total of 3,129 adults were served through the eight crisis centers in FY 2017.

Because the medically indigent have difficulty accessing private psychiatric facilities in their respective communities, many private facilities have low occupancy rates. State institutions provide the majority of inpatient care for the medically indigent. To address this problem, the Legislature provided funding for seven state Crisis Intervention Centers to function as satellites to existing facilities operated by DMH. These centers are operational in Brookhaven, Corinth, Newton, Laurel, Cleveland, Grenada, Gulfport, and Batesville. DMH contracted with Life Help (Region VI Community Mental Health Center) to operate the crisis center in Grenada beginning September 1,

2009. This pilot program began with the purpose of studying the potential for increased efficiencies and improved access to services for individuals without them being involuntarily committed.

All of the centers include sixteen (16) beds and one (1) isolation bed. The role of these centers in the regional system is to provide stabilization and treatment services to persons who are in a psychiatric crisis. Beginning July 1, 2010, DMH transitioned five (5) of the remaining state-operated crisis centers (now called Crisis Stabilization Units) to regional community mental health centers located in Batesville, Brookhaven, Cleveland, Corinth and Laurel. In 2017, DMH transitioned the remaining crisis center in Newton to Weems Community Mental Health Center. The Gulfport center is operated by Gulf Coast Mental Health (Region XIII CMHC) and is partially funded by a grant from DMH. Timber Hills operates a Crisis Stabilization Unit (CSU) in Batesville and Corinth. Region 8 Mental Health Services operates the Brookhaven CSU. Delta Community Mental Health (Region V CMHC) operates the Cleveland CSU. Pine Belt Mental Healthcare Resources operates the Laurel CSU. All CSUs accept voluntary and involuntary admissions twenty-four (24) hours a day, seven (7) days a week.

Mississippi has nineteen (19) adult psychiatric facilities, with a capacity of 636 licensed beds for adult psychiatric patients, including fifteen (15) beds held in abeyance by MSDH distributed throughout the state. The criteria and standards section of this chapter provides a full description of the services that private facilities must provide. Map 3-1 shows the location of inpatient facilities in Mississippi serving adult acute psychiatric patients; Table 3-1 shows utilization statistics.

Table 3-1
Acute Adult Psychiatric Bed Utilization
FY 2016

Facility	County	Licensed Beds	CON Beds	Abeyance Beds	Inpatient Days	Occupancy Rate (%)	ALOS
Alliance Health Center	Lauderdale	38			12,693	91.51	8.49
Alliance Healthcare System, Inc. *	Marshall	20			1,335	18.29	11.55
Baptist Memo. Hospital-Golden Triangle	Lowndes	22		13	9,462	117.83	5.34
Brentwood Behavioral Health Care	Rankin	31		2	6,208	54.87	7.39
Delta Regional Medical Center- West	Washington	9			2,188	66.61	4.14
Forrest General Hospital	Forrest	64			11,692	50.05	3.69
Garden Park Medical Center **	Harrison	9			0	0.00	0.00
Magnolia Regional Health Center	Alcorn	19			5,180	74.69	5.89
Memorial Hospital at Gulfport	Harrison	59			3,875	17.99	7.99
Merit Health Biloxi	Harrison	34			10,505	84.65	7.56
Merit Health Central	Hinds	47			10,261	59.81	4.87
Merit Health River Region	Warren	40			4,352	29.81	6.56
North Miss Medical Center	Lee	33			10,561	87.68	6.46
Panola Medical Center	Panola	25			5,771	63.24	6.30
Parkwood Behavioral HS-Olive Branch	DeSoto	42			12,424	81.04	9.49
S.E. Lackey Memorial Hospital	Scott	10			1,682	46.08	11.71
Singing River Hospital	Jackson	30			2,682	24.49	4.29
St. Dominic Jackson- Memorial Hospital	Hinds	83			17,950	59.25	5.25
University of Mississippi Medical Center	Hinds	21			7,150	93.28	5.90
Total/Average Adult Psychiatric Beds Rates		636	0	15	135,971	59.01	6.47

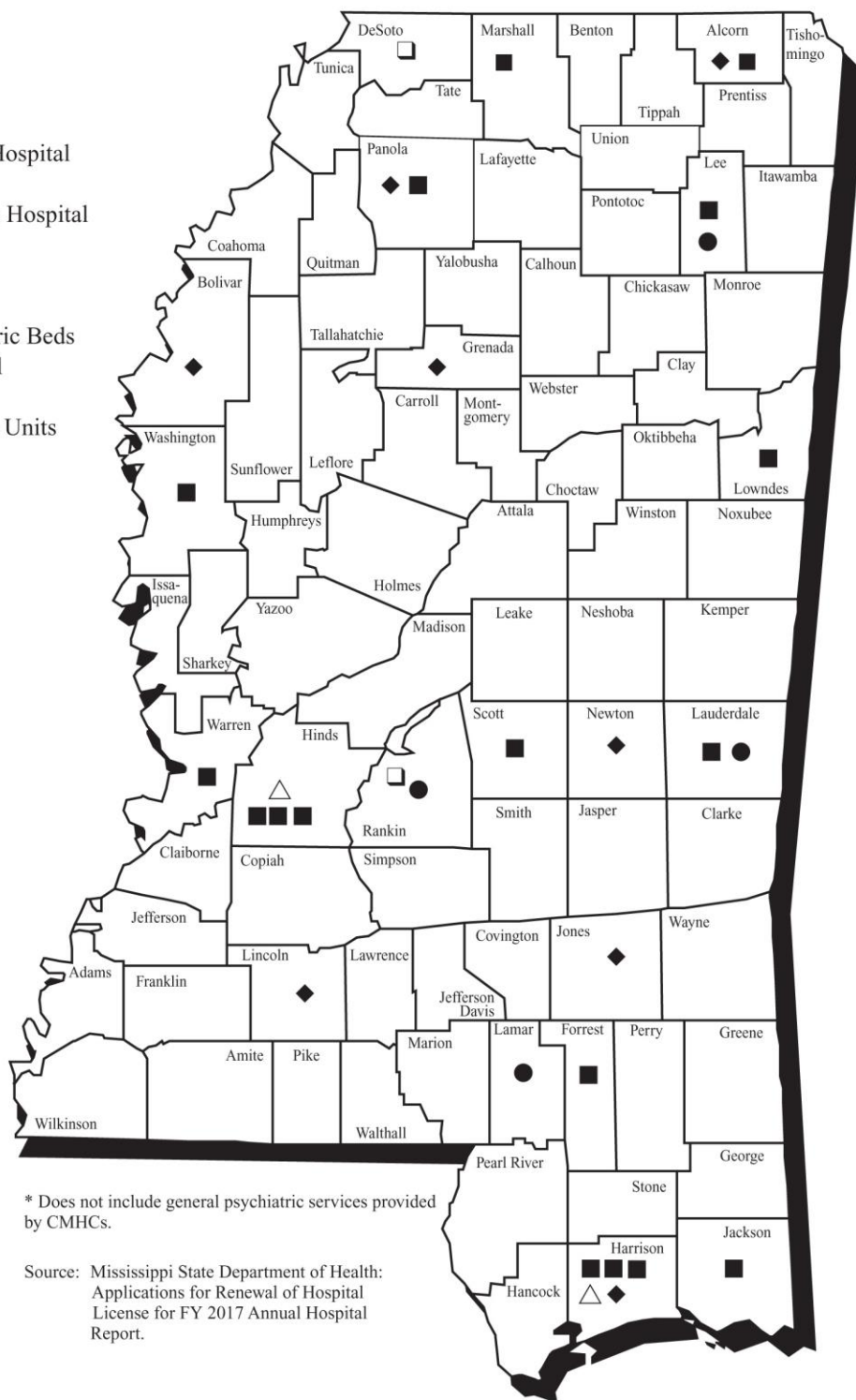
*Alliance Healthcare was CON approved in March 2018 to convert 5 Adult CDU beds to 5 Adult Acute Psychiatric Beds.

**Garden Park Medical Center was CON approved in February 2014 to establish an inpatient program for PTSD and add 9 adult psychiatric beds.

Sources: Applications for Renewal of Hospital License for FY 2016 Annual Hospital Report

Map 3-1
Operational and Proposed Inpatient Facilities
Serving Adult Acute Psychiatric Patients*

- State Psychiatric Hospital
- Private Psychiatric Hospital
- △ Veterans Hospital
- Licensed Psychiatric Beds in General Hospital
- ◆ Crisis Stabilization Units



* Does not include general psychiatric services provided by CMHCs.

Source: Mississippi State Department of Health:
 Applications for Renewal of Hospital
 License for FY 2017 Annual Hospital
 Report.

303 Child/Adolescent Psychiatric Services

Ten (10) facilities, with a total of 330 licensed beds, provide acute psychiatric inpatient services for children and adolescents. Map 3-2 shows the location of inpatient facilities that serve adolescent acute psychiatric patients; Table 3-2 gives utilization statistics. The criteria and standards section of this chapter provides a further description of the programs that inpatient facilities offering child/adolescent psychiatric services must provide. The Mississippi State Legislature has placed a moratorium on the approval of new Medicaid-certified child/adolescent beds within the state.

DMH operates a separately-licensed sixty (60) bed facility (Oak Circle Center) at Mississippi State Hospital to provide short-term inpatient psychiatric treatment for children and adolescents between the ages of four (4) and seventeen (17). East Mississippi State Hospital operates a fifty (50) bed psychiatric and chemical dependency treatment unit for adolescent males.

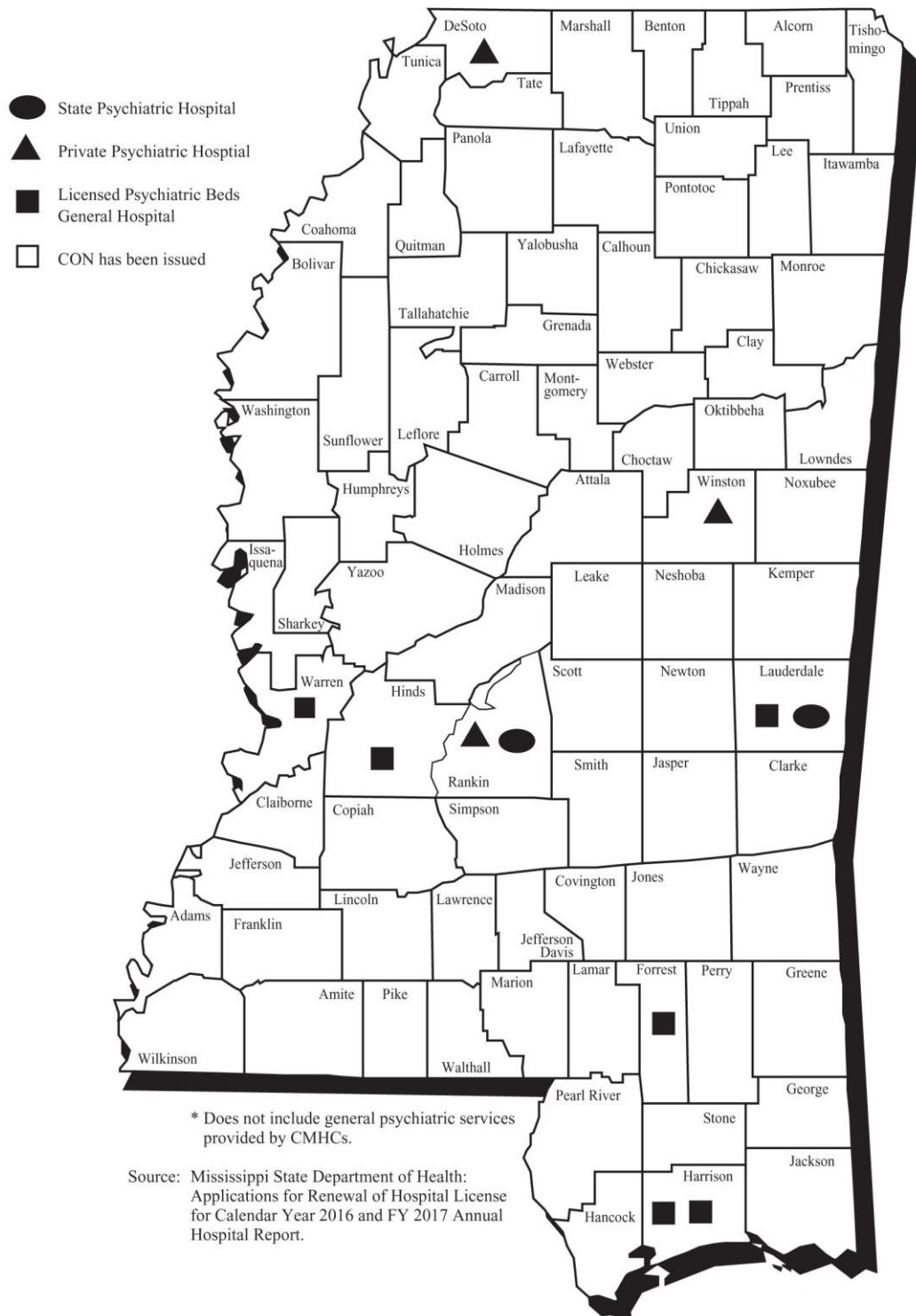
Table 3-2
Acute Adolescent Psychiatric Bed Utilization
FY 2016

Facility	County	Licensed Beds	CON Beds	Abeyance Beds	Inpatient Days	Occupancy Rate(%)	ALOS
Alliance Health Center	Lauderdale	30			6,931	63.30	8.59
Brentwood Behavioral Healthcare of MS	Rankin	74	15		19,718	73.00	10.21
Diamond Grove Center	Winston	25	4		7,568	82.94	9.55
Forrest General Hospital	Forrest	16			6,461	110.63	6.43
Memorial Hospital at Gulfport **	Harrison	30			3,542	32.35	5.58
Merit Health Biloxi	Harrison	11			1,141	28.42	7.13
Merit Health River Region	Warren	20			581	7.96	8.10
Oak Circle Center	Rankin	60			9822	44.85	37.87
Parkwood Behavioral Health System	DeSoto	52			11794	62.14	8.35
University of Mississippi Medical Center	Hinds	12			2,693	61.48	11.16
Total/Average Adolescent Psychiatric Beds		330	19	0	70,251	56.71	11.30

**As of May 27, 2018, Memorial Hospital at Gulfport transferred 15 CON approved beds to Brentwood Behavioral Healthcare of MS and 4 CON approved beds to Diamond Grove Center.

Sources: Applications for Renewal of Hospital License for FY 2016 Annual Hospital Report

Map 3-2
Operational and Proposed Inpatient Facilities
Serving Adolescent Acute Psychiatric Patients*



304 Psychiatric Residential Treatment Facilities

Psychiatric Residential Treatment Facilities (PRTF) serve emotionally disturbed children and adolescents who are not in an acute phase of illness that requires the services of a psychiatric hospital, but who need restorative residential treatment services. "Emotionally disturbed" in this context means a condition exhibiting certain characteristics over a long period of time and to a marked degree. The criteria and standards section of this chapter describes these facilities more fully. Table 3-3 shows seven (7) facilities are in operation with a total of 318 PRTF beds. Map 3-3 presents the location of the private psychiatric residential treatment facilities throughout the state. Children and adolescents who need psychiatric residential treatment beyond the scope of these residential treatment centers are served in acute psychiatric facilities or sent out of the state to other residential treatment facilities.

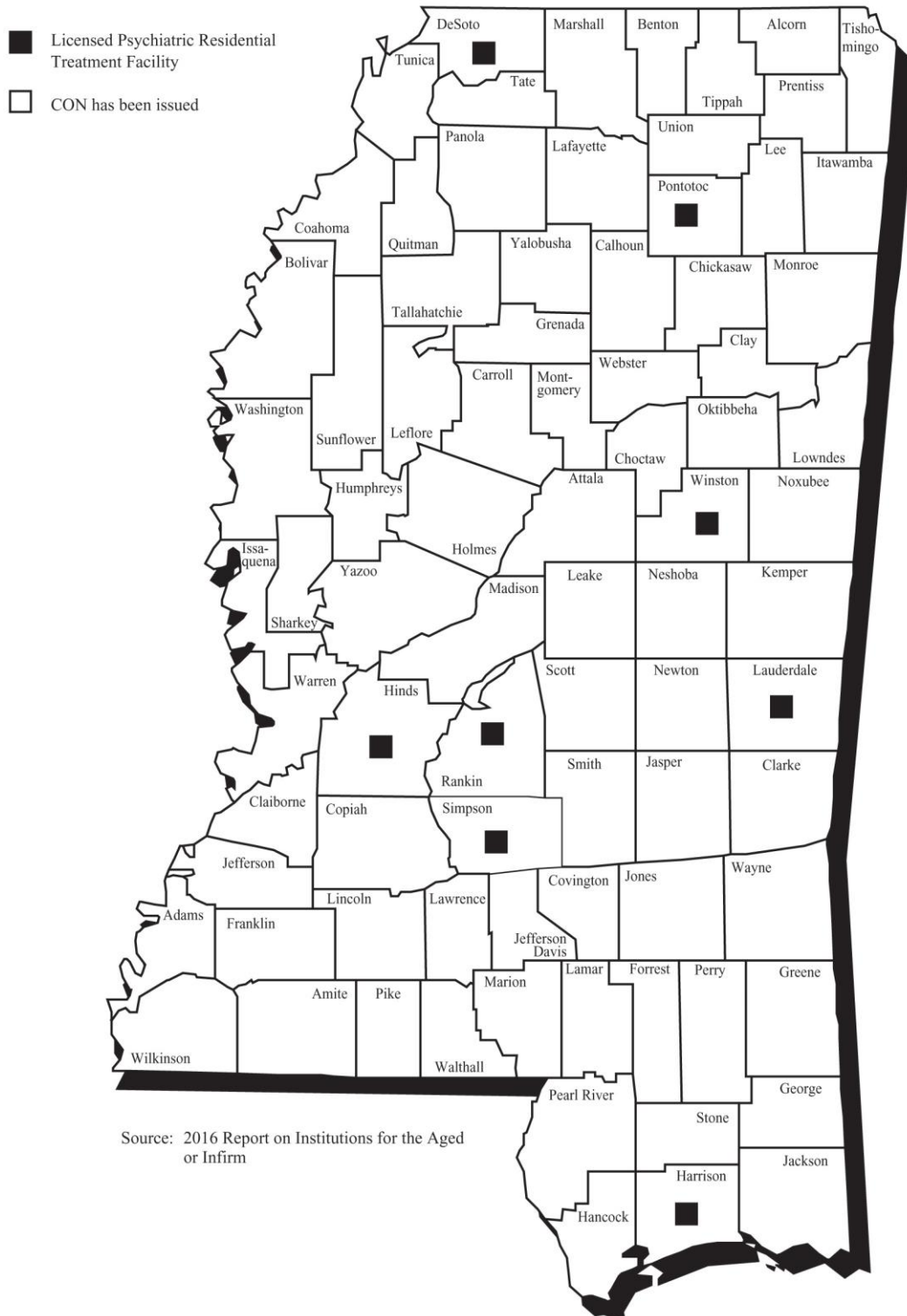
Table 3-3
Private Psychiatric Residential Treatment Facility (PRTF)
Utilization
FY 2016

Facility	County	Licensed Beds	CON Approved Beds	Occupancy Rate (%)	Average Daily Census
Parkwood BHS	DeSoto	40	0	94.74	37.90
Canopy Childrens Solution	Harrison	20	0	58.00	11.56
Canopy Childrens Solution - Jackson	Hinds	60	0	96.50	59.90
The Crossings	Lauderdale	60	0	100.00	60.00
Millcreek of Pontotoc	Pontotoc	51	0	100.00	51.00
Millcreek PRTF	Simpson	57	0	99.70	56.84
Diamond Grove Center	Winston	30	0	98.12	29.44
Total PRTF Beds		318			

Source: Mississippi State Department of Health, 2016 Report on Institutions for the Aged or Infirm, and Division of Health Planning and Resource Development

DMH operates a specialized thirty-two (32) bed treatment facility (ICF/IID) in Brookhaven for youth with an intellectual and/or developmental disability who are thirteen (13) years, but less than twenty-one (21) years of age. A similar facility, licensed as a psychiatric residential treatment facility, is located in Harrison County for youth who have also been diagnosed with a mental disorder. Adolescents appropriate for admission are thirteen (13) years, but less than twenty-one (21) years of age, who present with a diagnosis of a severe emotional disturbance and need psychiatric residential care.

Map 3-3
Private Psychiatric Residential Treatment Facilities



305 Alcohol and Substance Abuse Disorder Services

305.01 Alcohol and Substance Abuse Disorders

Alcohol and other drug problems cause pervasive effects: biological, psychological, and social consequences for the user; psychological and social effects on family members and others; increased risk of injury and death to self, family members, and others (especially by accidents, fires, or violence); and derivative social and economic consequences for society at large.

The location of facilities with alcohol and substance use programs is shown on Maps 3-4 and 3-5. Each of the fourteen (14) regional community health centers provide a variety of alcohol and drug services, including residential and transitional treatment programs, along with recovery support services. Tables 3-4 and 3-5 show the utilization of these facilities for adult and adolescent chemical dependency services, respectively. A total of 615 residential treatment beds are available throughout the state. The community mental health centers (CMHCs) with whom DMH contracts are the foundation and primary service providers of the public substance use disorders services delivery system. Each CMHC serves a designated number of Mississippi counties. There are sixty-seven (67) community-based satellite centers throughout the state which allow greater access to services by the area's residents. The goal is for each CMHC to have a full range of treatment options available for citizens in its region. Other nonprofit service agencies/organizations, which make up a smaller part of the service system, also receive funding through the DMH to provide community-based services. Many of these free-standing nonprofit organizations receive additional funding from other sources such as grants from other state agencies, community service organizations, donations, etc.

Substance use disorder services usually include: (1) alcohol, tobacco, and other drug prevention services; (2) general outpatient treatment including individual, group, and family counseling; (3) recovery support (continuing care) planning and implementation services; (4) primary residential treatment services (including withdrawal management); (5) transitional residential treatment services; (6) vocational counseling and employment seeking assistance; (7) emergency services (including a 24-hour hotline); (8) educational programs targeting recovery from substance use disorders which include understanding the disease, the recovery process, relapse prevention, and anger management; (9) recreational and social activities presenting alternatives to continued substance use and emphasizing the positive aspects of recovery; (10) 10-15 week intensive outpatient treatment programs for individuals who are in need of treatment but are still able to maintain job or school responsibilities; (11) community-based residential substance use disorders treatment for adolescents; (12) specialized women's services; (13) priority treatment for pregnant/parenting women; (14) services for individuals with a co-occurring disorder of substance use disorder and serious mental illness; and, (15) employee assistance programs.

The Mississippi State Legislature has placed a moratorium on the approval of new Medicaid-certified child/adolescent chemical dependency beds within the state.

Table 3-4
Adult Chemical Dependency Unit
Bed Utilization
FY 2016

Facility	County	Licensed Beds	CON Approved Beds	Average Daily Census	Occupancy Rate (%)	ALOS
Alliance Health Center	Lauderdale	8		8.00	100	5
Baptist Memorial Hospital - Golden Triangle	Lowndes	8		0.00	0.00	0.00
Delta Regional Medical Center- West Campus	Washington	7		0.78	11.15	2.94
Forrest General Hospital	Forrest	8		1.85	23.08	3.58
Merit Health River Region	Warren	28		12.75	45.52	6.86
Mississippi Baptist Medical Center	Hinds	77		0.00	0.00	0.00
North Mississippi Medical Center	Lee	33		3.35	10.14	6.46
Panola Medical Center	Panola	10		4.28	42.77	4.68
Parkwood Behavioral Health System	DeSoto	14		4.85	34.66	5.97
South Central Regional Medical Center	Jones	10		5.50	54.99	4.66
St. Dominic Jackson-Memorial Hospital	Hinds	35		0.00	0.00	0.00
Total/Average Adult CDU Bed Rates		238	0	3.76	29.30	3.65

*Brentwood Behavioral Healthcare of Rankin County will lease four beds from Mississippi Baptist Medical Center (MBMC). MBMC's licensed bed count will decrease from 77 to 73. MBMC has 13 beds that are not in use.

Sources: Applications for Renewal of Hospital License for FY 2016 Annual Hospital Report

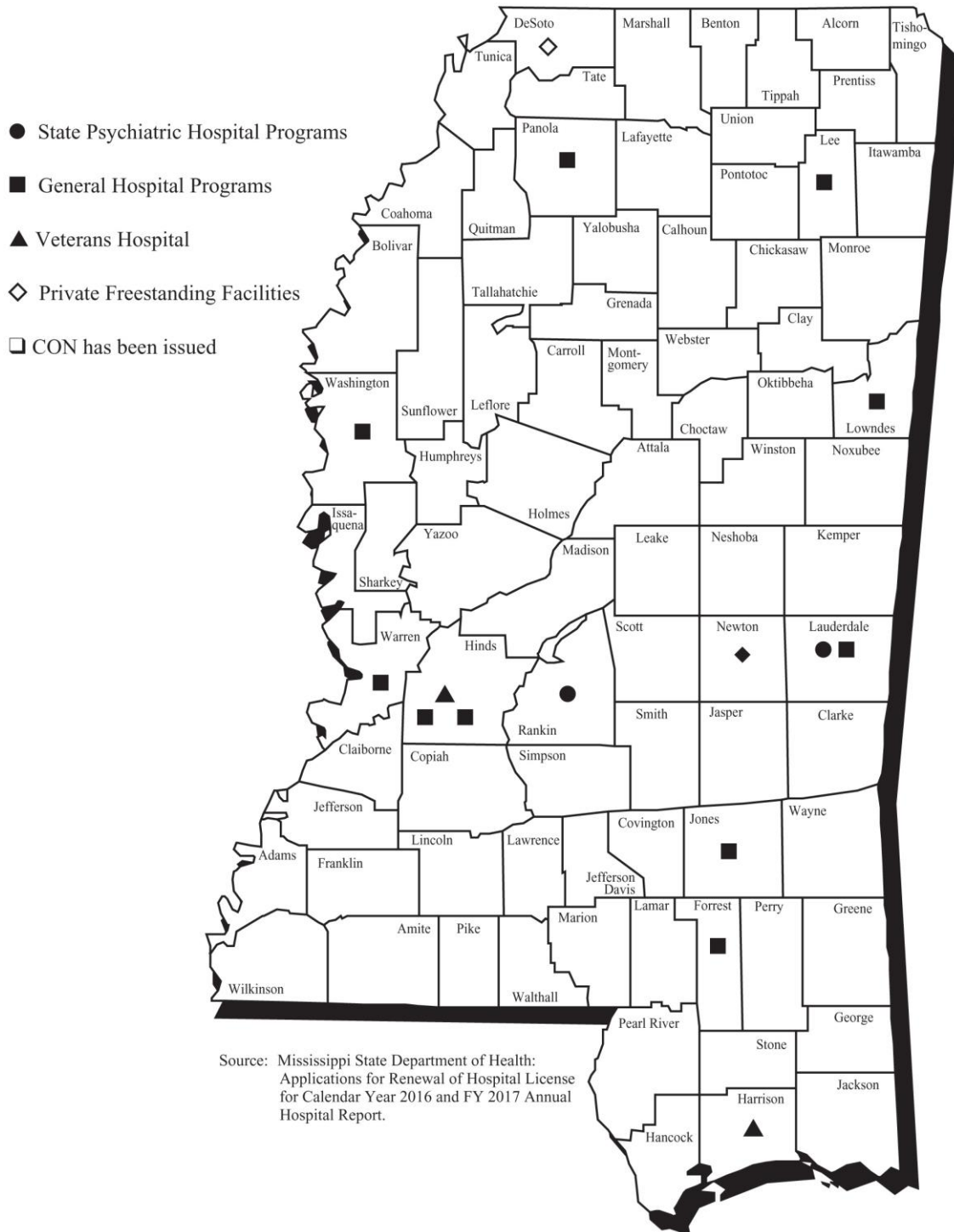
Table 3-5
Adolescent Chemical Dependency Unit
Bed Utilization
FY 2016

Facilities	County	Licensed Beds	CON Approved Beds	Average Daily Census	Occupancy Rate (%) *	ALOS
Memorial Hospital at Gulfport	Harrison	20		1.08	5.41	5.74
Merit Health River Region *	Warren	12		-	-	-
Mississippi Baptist Medical Center *	Hinds	20		-	-	-
Total/ Average Adolescent CDU Bed Rates		52		1.08	5.41	5.74

*Mississippi Baptist Medical Center and Merit Health River Region have 20 and 12 licensed adolescent CDU beds, respectively; however, Licensure data was not available for these units. Therefore, the occupancy rate is based on 20 beds instead of 52 beds.

Sources: Applications for Renewal of Hospital License for FY 2016 Annual Hospital Report

Map 3-4
Operational and Proposed Adult Chemical Dependency
Programs and Facilities



● State Psychiatric Hospital Programs
 ■ General Hospital Programs
 □ CON has been issued

DeSoto, Marshall, Benton, Alcorn, Tishomingo, Tunica, Tate, Tippah, Prentiss, Panola, Lafayette, Union, Lee, Itawamba, Pontotoc, Coahoma, Quitman, Yalobusha, Calhoun, Chickasaw, Monroe, Tallahatchie, Grenada, Clay, Carroll, Montgomery, Webster, Oktibbeha, Lowndes, Sunflower, Leflore, Choctaw, Winston, Noxubee, Humphreys, Attala, Holmes, Madison, Leake, Neshoba, Kemper, Yazoo, Sharkey, Warren, Hinds, Rankin, Simpson, Scott, Newton, Lauderdale, Claiborne, Copiah, Smith, Jasper, Clarke, Jefferson, Lincoln, Lawrence, Covington, Jones, Wayne, Adams, Franklin, Amite, Pike, Marion, Lamar, Forrest, Perry, Greene, Wilkinson, Walthall, Pearl River, Stone, George, Jackson, Hancock, Harrison.

Source: Mississippi State Department of Health:
 Applications for Renewal of Hospital License
 for Calendar Year 2016 and FY 2017 Annual
 Hospital Report.

306 Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and Psychiatric Residential Treatment Facility Beds/Services

Should MSDH receive a CON application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until MSDH has developed and adopted CON criteria and standards. If MSDH has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of MSDH.

306.01 Policy Statement Regarding Certificate of Need Applications for Acute Psychiatric, Chemical Dependency, and Psychiatric Residential Treatment Facility Beds/Services

1. Indigent/Charity Care: An applicant must provide a "reasonable amount" of indigent/charity care as described in Chapter 1 of this *Plan*.
2. Mental Health Planning Areas: MSDH shall use the state as a whole to determine the need for acute psychiatric beds/services, chemical dependency beds/ services, and psychiatric residential treatment beds/services. Tables 3-6, 3-7, and 3-8 give the statistical need for each category of beds.
3. Public Sector Beds: Because DMH is a public entity and directly operates facilities providing acute psychiatric, chemical dependency, and psychiatric residential treatment facility beds, the number of licensed beds operated by DMH shall not be counted in the bed inventory used to determine statistical need for additional acute psychiatric, chemical dependency, and psychiatric residential treatment facility beds.
4. Comments from DMH: MSDH shall solicit and take into consideration comments received from DMH regarding any CON application for the establishment or expansion of inpatient acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds.
5. Separation of Adults and Children/Adolescents: Child and adolescent patients under eighteen (18) years of age must receive treatment in units that are programmatically and physically distinct from adult (18 plus years of age) patient units. A single facility may house adults as well as adolescents and children if both physical design and staffing ratios provide for separation.
6. Separation of Males and Females: Facilities must separate males and females age thirteen (13) and over for living purposes (e.g., separate rooms and rooms located at separate ends of the halls, etc.).
7. Patients with Co-Occurring Disorders: It is frequently impossible for a provider to totally predict or control short-term deviation in the number of patients with mixed psychiatric/addictive etiology to their illnesses. Therefore, MSDH will allow deviations of up to twenty-five percent (25%) of the total licensed beds as "swing-beds" to accommodate patients having diagnoses of both psychiatric and substance abuse disorders. However, the provider must demonstrate to the Division of Licensure and Certification that the "swing-

bed" program meets all applicable licensure and certification regulations for each service offered, i.e., acute psychiatric, chemical dependency, and psychiatric residential treatment facility services, before providing such "swing-bed" services.

8. Comprehensive Program of Treatment: Any new mental health beds approved must provide a comprehensive program of treatment that includes, but is not limited to, inpatient, outpatient, and follow-up services, and in the case of children and adolescents, includes an educational component. The facility may provide outpatient and appropriate follow-up services directly or through contractual arrangements with existing providers of these services.
9. Medicaid Participation: An applicant proposing to offer acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility services or to establish, expand, and/or convert beds under any of the provisions set forth in this section or in the service specific criteria and standards shall affirm in the application that:
 - a. The applicant shall seek Medicaid certification for the facility/program at such time as the facility/program becomes eligible for such certification; and
 - b. The applicant shall serve a reasonable number of Medicaid patients when the facility/program becomes eligible for reimbursement under the Medicaid Program. The application shall affirm that the facility will provide MSDH with information regarding services to Medicaid patients.
10. Licensing and Certification: All acute psychiatric, chemical dependency treatment, co-occurring disorders beds/services, and psychiatric residential treatment facility beds/services must meet all applicable licensing and certification regulations of the Division of Health Facilities Licensure and Certification. If licensure and certification regulations do not exist at the time the application is approved, the program shall comply with such regulations following their effective date.
11. Psychiatric Residential Treatment Facility: A psychiatric residential treatment facility (PRTF) is a non-hospital establishment with permanent licensed facilities that provides a twenty-four (24) hour program of care by qualified therapists including, but not limited to, duly licensed mental health professionals, psychiatrists, psychologists, psychotherapists, and licensed certified social workers, for emotionally disturbed children and adolescents referred to such facility by a court, local school district, or the Department of Human Services, who are not in an acute phase of illness requiring the services of a psychiatric hospital and who are in need of such restorative treatment services. For purposes of this paragraph, the term "emotionally disturbed" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
 - a. An inability to learn which cannot be explained by intellectual, sensory, or health factors;
 - b. An inability to build or maintain satisfactory relationships with peers and teachers;
 - c. Inappropriate types of behavior or feelings under normal circumstances;
 - d. A general pervasive mood of unhappiness or depression; or

- e. A tendency to develop physical symptoms or fears associated with personal or school problems.

An establishment furnishing primarily domiciliary care is not within this definition.

- 12. Certified Educational Programs: Educational programs certified by the Department of Education shall be available for all school age patients. Also, sufficient areas suitable to meet the recreational needs of the patients are required.
- 13. Preference in CON Decisions: Applications proposing the conversion of existing acute care hospital beds to acute psychiatric and chemical dependency beds shall receive preference in CON decisions provided the application meets all other criteria and standards under which it is reviewed.
- 14. Dedicated Beds for Children's Services: It has been determined that there is a need for specialized beds dedicated for the treatment of children less than fourteen (14) years of age. Therefore, of the beds determined to be needed for child/adolescent acute psychiatric services and psychiatric residential treatment facility services, twenty-five (25) beds under each category, for a total of fifty (50) beds statewide, shall be reserved exclusively for programs dedicated to children under the age of fourteen (14).
- 15. CON Authority: Effective April 12, 2002, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a CON under the authority of Section 41-7-191(1)(c).
- 16. Delicensed/Relicensed Beds: Effective March 4, 2003, if a health care facility has voluntarily delicensed some of its existing bed complement, it may later relicense some or all of its delicensed beds without the necessity of having to acquire a CON. MSDH shall maintain a record of the delicensing health care facility and its voluntarily delicensed beds and continue counting those beds as part of the state's total bed count for health care planning purposes.
- 17. Reopening a Facility: A health care facility has ceased to operate for a period of sixty (60) months or more shall require a CON prior to reopening.

306.02 General Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services

The Mississippi State Department of Health will review applications for a Certificate of Need for the establishment, offering, or expansion of acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment beds/services under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972, as amended. The MSDH will also review applications for Certificate of Need according to the policies in this *Plan*; the general criteria listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi State Department of Health; and the general and service specific criteria and standards listed below.

The offering of acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment facility services is reviewable if the proposed provider has not offered those services on a regular basis within the period of twelve (12) months prior to the time such services would be

offered. The construction, development, or other establishment of a new health care facility to provide acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment services requires CON review regardless of capital expenditure.

Need Criterion 1: Bed Need Requirements

- a. **New/Existing Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services:** The applicant shall document a need for acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds using the appropriate bed need methodology as presented in this section under the service specific criteria and standards.
- b. **Projects that do not involve the Addition of Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds:** The applicant shall document the need for the proposed project. Documentation may consist of, but is not limited to, citing of licensure or regulatory code deficiencies, institutional long-term plans duly adopted by the governing board, recommendations made by consultant firms, and deficiencies cited by accreditation agencies (JCAHO, CAP, etc.).
- c. **Projects that Involve the Addition of Beds:** The applicant shall document the need for the proposed project. *Exception:* Notwithstanding the service specific statistical bed need requirements as stated in "a" above, MSDH may approve additional beds for facilities which have maintained an occupancy rate of at least eighty percent (80%) for the most recent twelve (12) month licensure reporting period or at least seventy percent (70%) for the most recent two (2) years.
- d. **Child Psychiatry Fellowship Program:** Notwithstanding the service specific statistical bed need requirements as stated in "a" above, MSDH may approve a fifteen (15) bed acute child psychiatric unit at the University of Mississippi Medical Center for children aged four (4) to twelve (12) to provide a training site for psychiatric residents.
- e. **Establishment or Addition of Programs for the Exclusive Treatment of Adults for Primary Psychiatric Diagnosis of Post Traumatic Stress Disorder (PTSD):** Notwithstanding the service specific statistical bed need requirements as stated in "a" above, MSDH may approve service and/or beds for the exclusive treatment of adults for primary psychiatric diagnosis of PTSD from Military Service for those adults covered by Veterans Health Care System or indigent/charity care. The applicant shall document the need for the proposed project and justify the number of inpatient beds to be dedicated for such purpose.

Need Criterion 2: Data Requirements

The application shall affirm that the applicant will record and maintain, at a minimum, the following information regarding charity care and care to the medically indigent and make such information available to MSDH within fifteen (15) business days of request:

- a. Source of patient referral;
- b. Utilization data, e.g., number of indigent admissions, number of charity admissions, and inpatient days of care;
- c. Demographic/patient origin data;

- d. Cost/charges data; and
- e. Any other data pertaining directly or indirectly to the utilization of services by the medically indigent or charity patients that MSDH request.

Need Criterion 3: Referral/Admission of Charity/Indigent Patients

A CON applicant desiring to provide or to expand chemical dependency, psychiatric, and/or psychiatric residential treatment facility services shall provide copies of signed memoranda of understanding with Community Mental Health Centers and other appropriate facilities within their patient service area regarding the referral and admission of charity and medically indigent patients.

Need Criterion 4: Letters of Commitment

Applicants should also provide letters of comment from the Community Mental Health Centers, appropriate physicians, community and political leaders, and other interested groups that may be affected by the provision of such care.

Need Criterion 5: Non-Discrimination Provision

The application shall document that within the scope of its available services, neither the facility nor its participating staff shall have policies or procedures which would exclude patients because of race, color, age, sex, ethnicity, or ability to pay.

Need Criterion 6: Charity/Indigent Care

The application shall document that the applicant will provide a reasonable amount of charity/indigent care as provided for in Chapter I of this Plan.

306.03 Service Specific Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services

306.03.01 Acute Psychiatric Beds for Adults

Need Criterion 1: Statistical Need for Adult Psychiatric Beds

MSDH shall base statistical need for adult acute psychiatric beds on a ratio of 0.21 beds per 1,000 population aged eighteen (18) and older for 2023 in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 3-6 presents the statistical need for adult psychiatric beds.

Need Criterion 2: Proposed Size of Facility/Unit

The applicant shall provide information regarding the proposed size of the facility/unit. Acute psychiatric beds for adults may be located in either freestanding or hospital-based facilities. Freestanding facilities should not be larger than sixty (60) beds. Hospital units should not be larger than thirty (30) beds. Patients treated in adult facilities and units should be eighteen (18) years of age or older.

Need Criterion 3: Staffing

The applicant shall provide documentation regarding the staffing of the facility. Staff providing treatment should be specially trained for the provision of psychiatric and psychological services. The staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment.

306.03.02 Acute Psychiatric Beds for Children and Adolescents**Need Criterion 1: Statistical Need for Child/Adolescent Beds**

MSDH shall base statistical need for child/adolescent acute psychiatric beds on a ratio of 0.55 beds per 1,000 population aged seven (7) to seventeen (17) for 2023 in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 3-6 presents the statistical need for child/adolescent psychiatric beds. Of the specified beds needed, twenty-five (25) beds are hereby set aside exclusively for the treatment of children less than fourteen (14) years of age.

Need Criterion 2: Proposed Size of Facility/Unit

The applicant shall provide information regarding the proposed size of the facility/unit. Acute psychiatric beds for children and adolescents may be located in freestanding or hospital-based units and facilities. A facility should not be larger than sixty (60) beds. All units, whether hospital-based or freestanding, should provide a homelike environment. Ideally, a facility should provide cottage-style living units housing eight (8) to ten (10) patients. Because of the special needs of children and adolescents, facilities or units which are not physically attached to a general hospital are preferred. For the purposes of this *Plan*, an adolescent is defined as a minor who is at least fourteen (14) years old but less than eighteen (18) years old, and a child is defined as a minor who is at least seven (7) years old but less than fourteen (14) years old.

Need Criterion 3: Staffing

The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the needs of adolescents and children. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and/or significant others. Aftercare services must also be provided.

Need Criterion 4: Structural Design of Facility – Separation of Children and Adolescents

The applicant shall describe the structural design of the facility in providing for the separation of children and adolescents. In facilities where both children and adolescents are housed, the facility should attempt to provide separate areas for each age grouping.

306.03.03 Chemical Dependency Beds for Adults**Need Criterion 1: Statistical Need for Adult Chemical Dependency Beds**

MSDH shall base statistical need for adult chemical dependency beds on a ratio of 0.14 beds per 1,000 population aged eighteen (18) and older for 2023 in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 3-7 presents the statistical need for adult chemical dependency beds.

Need Criterion 2: Proposed Size of Facility/Unit

The applicant shall provide information regarding the proposed size of the facility/unit. Chemical dependency treatment programs may be located in either freestanding or hospital-based facilities. Facilities should not be larger than seventy-five (75) beds, and individual units should not be larger than thirty (30) beds. The bed count also includes detoxification beds. Staff should have specialized training in the area of alcohol and substance abuse treatment, and a multi-discipline psychosocial medical treatment approach that involves family and significant others.

Need Criterion 3: Aftercare/Follow-Up Services Provided

The applicant shall describe the aftercare or follow-up services proposed for individuals leaving the chemical dependency program. Chemical dependency treatment programs should include extensive aftercare and follow-up services.

Need Criterion 4: Type of Clients to be Treated at Facility

The applicant shall specify the type of clients to be treated at the proposed facility. Freestanding chemical dependency facilities and hospital-based units should provide services to substance abusers as well as alcohol abusers.

306.03.04 Chemical Dependency Beds for Children and Adolescents**Need Criterion 1: Statistical Need for Child/Adolescent Chemical Dependency Beds**

MSDH shall base statistical need for child/adolescent chemical dependency beds on a ratio of 0.44 beds per 1,000 population aged twelve (12) to seventeen (17) for 2023 in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 3-7 presents the statistical need for child/adolescent chemical dependency beds.

Need Criterion 2: Proposed Size of Facility/Unit

The applicant shall provide information regarding the proposed size of the facility/unit. Chemical dependency beds may be located in either freestanding or hospital-based facilities. Because of the unique needs of the child and adolescent population, facilities shall not be larger than sixty (60) beds. Units shall not be larger than twenty (20) beds. The bed count of a facility or unit shall include detoxification beds.

Need Criterion 3: Provision of Home-Like Environment

Facilities or units, whether hospital-based or freestanding, should provide a home-like environment. Ideally, facilities should provide cottage-style living units housing eight (8) to ten (10) patients. Because of the special needs of children and adolescents, facilities or units which are not physically attached to a general hospital are preferred.

Need Criterion 4: Staffing

The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the needs of adolescents and children. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and significant others. Aftercare services must also be provided.

Need Criterion 5: Structural Design of Facility – Separation of Children and Adolescents

The applicant shall describe the structural design of the facility in providing for the separation of children and adolescents. Child and adolescent patients shall be separated from adult patients for treatment and living purposes.

Need Criterion 6: Aftercare/Follow-Up Services Provided

The applicant shall describe the aftercare or follow-up services proposed for individuals leaving the chemical dependency program. Extensive aftercare and follow-up services involving the family and significant others should be provided to clients after discharge from the inpatient program. Chemical dependency facilities and units should provide services to substance abusers as well as alcohol abusers.

306.03.05 Psychiatric Residential Treatment Facility Beds/Services**Need Criterion 1: Statistical Need for Psychiatric Residential Treatment Beds**

MSDH shall base statistical need for psychiatric residential treatment beds on a ratio of 0.5 beds per 1,000 population aged five (5) to twenty-one (21) for 2023 in the state as a whole as projected by the Division of Health Planning and Resource Development. Table 3-8 presents the statistical need for psychiatric residential treatment facility beds.

Need Criterion 2: Age Group to be Served

The application shall state the age group that the applicant will serve in the psychiatric residential treatment facility and the number of beds dedicated to each age group (5 to 13, 14 to 17, and 18 to 21).

Need Criterion 3: Structural Design of Facility

The applicant shall describe the structural design of the facility for the provision of services to children less than fourteen (14) years of age. Of the beds needed for psychiatric residential treatment facility services, twenty-five (25) beds are hereby set aside exclusively for the treatment of children less than fourteen (14) years of age. An applicant proposing to provide psychiatric residential treatment facility services to children less than fourteen (14) years of age shall make provision for the treatment of these patients in units which are programmatically and physically distinct from the units occupied by patients older than thirteen (13) years of age. A facility may house both categories of patients if both the physical design and staffing ratios provide for separation.

Need Criterion 4: Bed Count as Authorized by the Legislature

This criterion does not preclude more than twenty-five (25) psychiatric residential treatment facility beds being authorized for the treatment of patients less than fourteen (14) years of age. However, MSDH shall not approve more psychiatric residential treatment facility beds statewide than specifically authorized by legislation (Miss. Code Ann. § 41-7-191 et. seq). This authorization is limited to 334 beds for the entire state. (Note: the 318 licensed and CON approved beds indicated in Table 3-8 were the result of both CON approval and legislative actions).

Need Criterion 5: Proposed Size of Facility/Unit

The applicant shall provide information regarding the proposed size of the facility/unit. A psychiatric residential treatment facility should provide services in a homelike environment. Ideally, a facility should provide cottage-style living units not exceeding

fifteen (15) beds. A psychiatric residential treatment facility should not be larger than sixty (60) beds.

Need Criterion 6: Staffing

The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the treatment needs of the age category of patients being served. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and/or significant others. Aftercare/follow-up services must also be provided.

**Table 3-6
Statewide Acute Psychiatric Bed Need
2025**

Bed Category and Ratio	2025 Projected Population	Projected Bed Need	Licensed Beds	Difference
Adult Psychiatric: 0.21 beds per 1,000 population aged 20+	2,282,191	479	636	-157
Child/Adolescent Psychiatric: 0.55 beds per 1,000 population aged 5 to 19	633,751	349	330	19

Source(s): Applications for Renewal of Hospital License for Calendar Year 2016; FY 2017 Annual Hospital Report and State Data Center of Mississippi, University of Mississippi Center for Population Studies, February 13, 2018

Table 3-7
Statewide Chemical Dependency Bed Need
2025

Bed Category and Ratio	2025 Projected Population	Projected Bed Need	Licensed Beds	Difference
Adult Chemical Dependency: 0.14 beds per 1,000 population aged 20+	2,282,191	320	395	-75
Child/Adolescent Chemical Dependency: 0.44 beds per 1,000 population aged 5 to 19	633,751	279	77	202

Source(s): Applications for Renewal of Hospital License for Calendar Year 2016; FY 2017 Annual Hospital Report and State Data Center of Mississippi, University of Mississippi Center for Population Studies, February 13, 2018

Table 3-8
Statewide Psychiatric Residential
Treatment Facility Bed Need
2025

Age Cohort	Bed Ratio per 1,000 Population	2023 Projected Population	Projected Bed Need	Licensed/CON Approved Beds	Difference
5 to 19	0.50	633,751	317	318	-1

Source(s): Applications for Renewal of Hospital License for Calendar Year 2016; FY 2017 Annual Hospital Report and State Data Center of Mississippi, University of Mississippi Center for Population Studies, February 13, 2018

307 Private Distinct-Part Geriatric Psychiatric Services

During 2016, thirty-one (31) Mississippi hospitals operated certified distinct-part geriatric psychiatric units (Geropsych DPU) with a total of 393 beds. Geropsych units receive Medicare certification as a distinct-part psychiatric unit but are licensed as short-term acute hospital beds. These Geropsych units served a total of 64,587 inpatient days of psychiatric services to patients aged fifty-five (55) and older.

The industry standard formula for determining Geropsych DPU bed need is 0.5 beds per 1,000 population aged fifty-five (55) and over. The State Data Center of Mississippi under the University of Mississippi Center for Population Studies, projects Mississippi will have 943,320 persons aged fifty-five (55) and older by 2025. This population will need a total of 472 Geropsych DPU beds. The optimum unit size of a Geropsych unit is twelve (12) to twenty-four (24) beds. Table 3-9 shows the state's thirty-one (31) distinct-part geriatric psychiatric units. County population projections can be found in Chapter 1 of this *Plan*.

The following facilities received approval through a Determination of Reviewability for the establishment of a Geriatric Psychiatric Distinct Part (Geriatric-Psychiatric DPU or Gero-psych) Unit/Service:

- Anderson Regional Medical Center-South Campus (16-Beds) - Approved on 08/31/2012
- Pioneer Community Hospital of Choctaw (10-Beds) - Approved 03/08/2013
- Highland Community Hospital, Picayune, Mississippi (10 Bed) - Approved 07/29/2013

Table 3-9
Geriatric Psychiatric Bed Utilization
FY 2016

Facility	County	Licensed Beds	Inpatient Days	Occupancy Rate (%)	Discharges	ALOS	Discharge Days
State Total/Average		393	62,246	43.00	5,041	13.15	58,900
General Hospital Service Area 1		34	3,442	29.76	303	11.78	3,480
North Oak Regional Medical Center	Tate	12	1,605	36.64	121	13.23	1,601
Panola Medical Center	Panola	22	1,837	22.88	182	10.32	1,879
General Hospital Service Area 2		25	4,505	48.08	324	13.38	4,428
Baptist Memorial Hospital - Booneville	Perry	15	2,987	54.56	197	14.74	2,903
Tippah County Hospital	Tippah	10	1,518	41.59	127	12.01	1,525
General Hospital Service Area 3		51	8,161	46.56	789	9.78	7,757
Bolivar Medical Center	Bolivar	12	2,572	58.72	208	10.30	2,143
Delta Regional Medical Center West Campus	Washington	14	1,291	25.26	174	7.40	1,288
Greenwood Leflore Hospital	Leflore	15	1,698	31.01	155	11.05	1,712
North Sunflower Medical Center	Sunflower	10	2,600	71.23	252	10.37	2,614
General Hospital Service Area 4		49	9,104	54.49	699	12.73	8,983
Monroe Regional Hospital	Monroe	10	2,046	56.05	150	13.68	2,052
Trace Regional Hospital	Chickasaw	18	3,428	52.18	256	13.40	3,431
University of MS Medical Center Grenada	Grenada	14	1,654	32.37	144	10.84	1,561
Winston Medical Center	Winston	7	1,976	77.34	149	13.01	1,939
General Hospital Service Area 5		104	17,554	46.50	1,148	31.17	14,834
Claiborne County Hospital	Claiborne	10	1,652	45.26	137	12.15	1,665
Merit Health Rankin	Rankin	20	4,591	62.89	378	-	-
Merit Health River Region	Warren	13	-	-	0	-	-
Mississippi Baptist Medical Center	Hinds	12	3,104	70.87	311	10.38	3,228
Mississippi State Hospital	Rankin	29	4,365	41.24	36	169.72	6,110
Sharkey - Issaquena Community Hospital	Sharkey	10	1,224	33.53	114	10.82	1,234
Simpson General Hospital	Simpson	10	2,618	71.73	172	15.10	2,597
General Hospital Service Area 6		38	6,209	45.77	546	11.34	6,235
Alliance Health Center	Lauderdale	12	1,591	36.32	164	9.89	1,622
Anderson Regional Medical Center South	Lauderdale	16	2,485	42.55	203	12.24	2,485
Neshoba County General Hospital	Neshoba	10	2,133	58.44	179	11.89	2,128
General Hospital Service Area 7		26	3,735	39.11	374	10.06	3,778
Beacham Memorial Hospital	Pike	14	2,167	42.41	217	10.35	2,246
Merit Health Natchez	Adams	12	1,568	35.80	157	9.76	1,532
General Hospital Service Area 8		32	2,778	23.40	233	7.56	2,647
Covington County Hospital	Covington	10	-	-	-	-	-
Jefferson Davis General Hospital	Jeff Davis	10	1,485	40.68	118	12.54	1,480
Merit Health Wesley	Lamar	12	1,293	29.52	115	10.15	1,167
General Hospital Service Area 9		34	6,758	53.31	625	10.51	6,758
Garden Park Medical Center	Harrison	12	3,051	69.66	266	11.48	3,054
Highland Community Hospital	Pearl River	10	1,235	33.84	152	8.05	1,223
Merit Health Biloxi	Harrison	12	2,472	56.44	207	11.99	2,481

Sources: Applications for Renewal of Hospital License for Calendar Year 2015 and FY 2016 Annual Hospital Report;
Division of Health Planning and Resource Development calculations